

REQUEST FOR CITATION DISMISSAL

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE # _____

CITATION # _____

CITATION ISSUE DATE: _____

REASON FOR REQUESTING DISMISSAL:

APPEALS PROCESS

The parking program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.

Mail this form and a photocopy of the citation to:

Park Wilmington

P. O. Box 1655

11 N. 2nd St.

Wilmington, NC 28401

NOT reasons for appeal:

Lack of knowledge of the City's parking regulations.

Appointment conflicts or tardiness going or returning from appointments.

Inability to find a legal parking space.

Failure to have appropriate or sufficient amount of coins.



P. O. Box 1655, 11 N. 2nd St., Wilmington, NC 28401 (910) 762-5678 Fax (910) 254-2044

Email: ParkWilmington@wilmingtonnc.gov